

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



December 15, 1994

ALL-COUNTY LETTER NO. 94-107

TO: ALL-COUNTY WELFARE DIRECTORS

Reason For This Transmittal

- ☒ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☐ Initiated by CDSS

SUBJECT: JANUARY 1995 SOCIAL SECURITY TITLE II (RETIREMENT, SURVIVOR'S AND DISABILITY INSURANCE [RSDI]) AND TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT [SSI/SSP] PROGRAM) COST-OF-LIVING ADJUSTMENTS (COLA) AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS) USER'S MANUAL; ACL 94-81

This All-County Letter (ACL) is to provide you with the following:

- Instructions regarding automating the RSDI increases for affected income eligible IHSS recipients.
- Instructions regarding automating all Share of Cost (SOC) IHSS recipient cases with Link 1, 2, 3, 4 or 5 in Field I2 of the form SOC 293.
- Instructions regarding forms and listings.
- 1995 SSI/SSP benefit levels.
- Changes of amounts to be used when manually completing the forms SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child."

A. RSDI Increases

1. All SOC cases that have been automated by the CMIPS and have a Code 1 (RSDI) in Source Field I4, J1, J2, K1 or K2 will have that amount increased in the corresponding Income Field by 2.8 percent.

To facilitate automation of RSDI we are making two assumptions:

- That the current entry in the Source Field(s) represents a gross amount that has been rounded down to the nearest dollar by the Social Security Administration (SSA);
- That the current entry in the Source Field(s) is the gross amount which includes the Medicare Part B premium for those persons who must pay their own premium. (Effective January 1, 1995, that premium increases to \$46.10 from \$41.10.)

The computation will produce the RSDI benefit amount to be used in automating the January 1995 SOC. (Example: the current benefit amount is \$438.00, multiplying by 1.028 equals \$450.26; rounding down to the nearest dollar equals \$450.00).

2. It should be noted, as in previous years, the SSA applies the COLA to the actual, rather than the rounded benefit amount. This may result in a \$1.00 discrepancy in the RSDI benefit for some beneficiaries and a \$1.00 understated SOC.

In order to avoid the unnecessary expense of recomputing every case subsequently identified as having an incorrect SOC solely due to the RSDI COLA automation, counties are authorized instead to correct the SOC at the time of the next eligibility redetermination or when an income change is reported. This delay in correcting a SOC does not result in a collectable overpayment.

B. SSI/SSP Benefit Levels

1. Pursuant to Welfare and Institutions Code Sections 12201(d)(1) and 12201.03(a) there will be no 1995 SSP COLA, but there will be a pass-through of the federal 2.8 percent SSI COLA. As a result, the combined SSI/SSP benefit levels will increase effective January 1, 1995.
2. The SSI COLAs also impact allowances for non-eligible children and spouses/parents that are considered in share of cost deeming procedures. Those changes are reflected on the forms SOC 294A and SOC 294C share of cost worksheets (Attachments C and D).
3. Even with the increase in SSI/SSP benefit levels, some status eligible IHSS recipients will lose their SSI/SSP eligibility effective January 1, 1995 because the RSDI COLA may cause their incomes to exceed the new SSI/SSP benefit levels. We have requested the Department of Health Services' (DHS) assistance in identifying these recipients

who are also potentially eligible for categorically needy Medi-Cal benefits, under the 1976 Pickle Amendment to the Social Security Act, as "Pickle persons". Specifically, DHS will place these recipients in Pickle Aid Codes - 16, 26, or 66 - on MEDS until at least April 30, 1995, or until their true status can be determined. We will make county listings, with PCSP identifiers, available to you as soon as they are completed. County Medi-Cal staff will be responsible for making the Pickle determinations on these cases.

Recipients in this group who are PCSP-eligible should remain in IHSS Aid Codes 10, 20 or 60 as status-eligible cases until their Pickle Aid Codes can be input to CMIPS. This aid code conversion will be done automatically in CMIPS. Counties should not have to take any action for this group other than working possible exceptions to the conversion.

Individuals who lose their SSI eligibility January 1, 1995, and are NOT PCSP-eligible, will have a new share of cost effective January 1, 1995, based on their appropriate SSI/SSP benefit level table - the "Z" table if their current eligibility began September 1, 1994, or later, the "Y" table for all others (see C.1. below). Counties must contact these recipients and develop their income-eligibility. The Pickle indicator will be entered by CMIPS in the D3 Field of the SOC 293 for these cases.

C. Share of Cost Cases

1. Currently, the SOC is being calculated based on three different sets of SSI/SSP benefit level tables. January 1, 1993, SSI/SSP rates are being used for individuals who have been income eligible for IHSS since prior to September 1, 1993, and are coded "N" in the SOC 293 Share of Cost Date Field I1. January 1, 1994, rates are being used for 1) recipients who became income eligible for IHSS between September 1, 1993, and August 31, 1994, and 2) recipients who were status eligible for IHSS/PCSP on August 31, 1994, but became income eligible for IHSS September 1, 1994, or later due to reasons unrelated to the 2.3% SSP reduction in September 1994; both are coded "Y" in Field I1. September 1, 1994, rates are being used for recipients who became eligible for IHSS September 1, 1994, or later and are coded "Z" in Field I1.

The same procedure will remain in effect; there will still be three SSI/SSP benefit level tables effective January 1, 1995. All of the benefit levels on the "Z" table will be replaced by the January 1995 rates. Selected benefit rates on the "N" and "Y" tables will be replaced by January 1995 rates if the new rates are higher than the ones currently in place.

2. All automated IHSS income eligible cases with Link 1, 2, 3, 4 or 5 in Field I2 shall have their SOC recomputed January 1, 1995, because of RSDI increases and/or SSI/SSP benefit level changes. However, any case with an end date in Field ZZ4 of December 31, 1994, or earlier, cannot be automated. As we have experienced each time there is an automated procedure in CMIPS, some cases are excluded and are printed on an exception list. Typically the exception is due to an overdue reassessment.

Regardless of the cause, the following alert message for each excepted case will be printed on the monthly "Warning Message Alert List" and will continue on the list until corrected. The alert message is:

"060 Share of Cost Date is not January 1st"

3. A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustments made to their RSDI and SOC computation. Based on these COLA adjustments, SOC's will be changed for all affected IHSS recipients. The message (number 353) will read:

"The change in your IHSS Share of Cost shown above is effective _____ because of COST-OF-LIVING adjustments to SSI/SSP benefit levels and to the social security payments available to you which are \$____, \$____, and \$____"

"If the Social Security amount you receive is different than reported here, contact your service worker. MPP Section 30-755.233."

4. The automation of SOC cases is scheduled to be run December 15, 1994 so that we can meet the timelines for NOAs. Any changes or new cases added to the CMIPS after that date should use the following procedure so correct segments on form SOC 293 lines MNO can be built:

- Turnaround Document (TAD) #1:

- enter appropriate data for 1994 SOC fields and wait for the next turnaround document to enter 1995 data;
- a NOA will be generated containing the usual SOC message(s).

- TAD #2:

- enter 01/01/95 in SOC Field I1;
- enter corrected RSDI income in Source/Income Field—I4, J1, J2, K1 or K2 (1.028 x 1994 amount rounded down to the nearest dollar);
- the CMIPS will recompute the correct SOC;
- a NOA will be generated containing the usual SOC message(s).

5. SOC cases that are not updated may result in the IHSS recipient paying a SOC which exceeds or is less than his/her liability. County Welfare Departments will be responsible for making reimbursement to, or collecting overpayments from, those persons so affected.

D. Aid Codes 14, 24 and 64

1. PCSP and IHSS residual recipients in these aid codes lost their SSI/SSP eligibility either September 1, 1993, or September 1, 1994, due to SSP reductions in each of those years, but have been held harmless from paying either a Medi-Cal or an IHSS share of cost. These individuals will continue to receive IHSS/PCSP without a SOC for as long as their special Medi-Cal status continues.

E. Forms and Listings

1. SOC 293 and 311 TAD's will be generated on all automated IHSS income eligible cases. These will have an identifying message on the top which will read "Share of Cost COLA 1995." There will also be NOAs generated which will have the message as displayed under C.3. above.
 - Only those cases that have an identical SOC reflected on both the form SOC 293 Share of Cost Field M6 and the form SOC 311 Share of Cost Field F5 will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List and the provider document SOC 311 must be manually changed.
 - We are not able to automate the anticipated Veteran's Administration Benefits, Code 2, in the Source/Income Field—I4, J1, J2, K1 or K2; however, for ease in identifying those cases, a separate listing will be provided at the bottom of the County Exception List.
 - We are not able to automate the RSDI increase for a spouse - which may affect the recipient's SOC- because the CMIPS is not coded to differentiate that income source. However, all cases impacted by the SOC automation will have a dollar sign (\$) by the name on the Monthly Characteristics Listing and Office Caseload Listing which may be used as a reminder to validate any change in a spouse's income.
2. Turnaround documents will also be generated on the cases where the aid code is automatically converted to a Pickle aid code (see B.3. above).
3. All TADs and NOAs will be printed at the printer sites by on-line counties; non-printer site counties will have documents printed by EDS and mailed to the recipient and county, as appropriate.
 - Please plan for printing needs by ordering forms SOC 293, SOC 311 and NA 690.

- Please do not delay printing and mailing the NOAs following the December 15 COLA automation run; the printing of the SOC 293 and SOC 311 TADs may be delayed for one or two days to suit the convenience of the county.

F. Benefit Levels

1. Attachment A-1 to this ACL is the January 1995 SSI/SSP Payment Standards. Attachment A-2 is the January 1995 SSI/SSP Benefit Level Tables for determining IHSS shares of cost.
2. Attachment B is a copy of the updated pages for the IHSS-CMIPS USER'S Manual pages V-A-17 through V-A-19. This information has also been incorporated into the CMIPS SOC automation feature.

G. SOC 294A and SOC 294C

1. Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). This information has been incorporated into the CMIPS SOC automation feature.

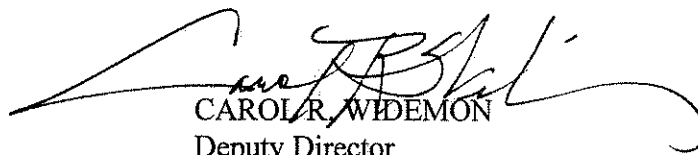
- SOC 294A (Attachment C)

- change allowances in Column B, row 2a to \$229.00;
- change allowances in Column B, row 6 to \$229.00.

- SOC 294C (Attachment D)

- change allowances in Column A, row 2a to \$229.00;
- change allowances in Column A, row 14 to (1) \$458.00 and (2) \$687.00.

For questions regarding CMIPS procedures, please call (916) 387-4584. Policy questions should be directed to your policy analyst.


CAROL R. WIDEMON
Deputy Director
Adult Services Division

Enclosures

c: CWDA

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BUREAU
November 1994
October 27, 1994

ACTUAL SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 1995

CNI - Chapter 97/91 (SB 724) suspended the SSP COLA.
CPI - Includes the pass-through of the 1/95 SSI COLA.

CNI: 1.69% (a)
CPI: 2.80% (a)

(Reflects a 9/94 2.3% reduction to the total 6/94 SSI/SSP Standard). 1/

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 2/					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	614.40	458.00	156.40	473.80	305.34	168.46	614.34	305.34	309.00	760.00	458.00	302.00
- without cooking facilities (RMA) 3/	682.40	458.00	224.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	669.40	458.00	211.40	539.40	305.34	234.06	614.34	305.34	309.00	760.00	458.00	302.00
DISABLED MINOR												
- living with parent(s)	521.40	458.00	63.40	372.17	305.34	66.83	614.34	305.34	309.00	760.00	458.00	302.00
- living with non-parent relative or non-relative guardian												
COUPLE:												
AGED OR DISABLED	1,101.71	687.00	414.71	910.02	458.00	452.02	1,276.33	458.00	818.33	1,520.00	687.00	833.00
- per couple	1,237.71	687.00	550.71	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
- without cooking facilities (RMA) 3/												
BLIND	1,285.18	687.00	598.18	1,093.49	458.00	635.49	1,276.33	458.00	818.33	1,520.00	687.00	833.00
- per couple												
BLIND/AGED OR DISABLED	1,216.73	687.00	529.73	1,025.05	458.00	567.05	1,276.33	458.00	818.33	1,520.00	687.00	833.00
- per couple												

2/ NON-MEDICAL OUT-OF-HOME CARE
Personal and Incidental Needs Maximum:
Care & Supervision Min.:
Board & Room

Minimum: \$69
Max.: 347
324

TITLE XIX MEDICAL FACILITY

Total	Individual	Couple
SSI	\$42	\$84
SSP	30	60
	12	24

1/ Categories exempted from the 9/94 reduction were NMOHC, Restaurant Meals Allowance and Title XIX Medical Facility.

3/ RMA - Restaurant Meals Allowance

IHSS Share Of Cost **January 1995 SSI/SSP Benefit Level Tables**

Benefit Code	Description	SOC 293 Field 11 Codes - Benefit Levels		
		N	Y	Z
01	Ind. Aged or Disabled -Own Home	620.00	614.40	614.40
02	Ind. Blind -Own Home	689.00	670.40	669.40
03	Ind. Disabled Minor -Own Home	521.40	521.40	521.40
04	Ind. Aged or Disabled -Household of Another	490.00	476.77	473.80
05	Ind. Blind -Household of Another	559.00	543.91	539.40
06	Ind. Disabled Minor -Household of Another	372.17	372.17	372.17
07	Ind. Aged or Disabled W/O Cooking Facilities	688.00	682.40	682.40
08	Couple Aged or Disabled - Own Home	1140.00	1109.22	1101.71
09	Couple Blind - Own Home	1333.00	1297.01	1285.18
10	Couple Blind/Aged or Disabled -Own Home	1261.00	1226.95	1216.73
11	Couple Aged or Disabled -Household of Another	944.67	919.82	910.02
12	Couple Blind - Household of Another	1137.67	1106.61	1093.49
13	Couple Blind/Aged or Disabled - Household of Another	1065.67	1036.56	1025.05
14	Couple Aged or Disabled - Independent Liv. W/O Cooking Facilities	1276.00	1245.22	1237.71
15	Couple Aged or Disabled Own Home, Per Person	570.00	554.61	550.86
16	Couple Blind -Own Home, Per Person	666.50	648.51	642.59
17	Couple Blind/Aged or Disabled - Own Home, Per Person	630.50	613.48	608.37
18	Couple Aged or Disabled - W/O Cooking Facil., Per Person	638.00	622.61	618.86
19	Couple Aged or Disabled - Household of Another, Per Person	472.34	459.91	455.01
20	Couple Blind Household of Another, Per Person	568.34	553.31	546.75
21	Couple Blind/Aged or Dis. - Household of Another, Per Person	532.84	518.28	512.53

N = Recipients who have been continuously income-eligible for IHSS since prior to 9/1/93.

Y = Recipients who became eligible for IHSS between 9/1/93 and 8/31/94,
and

Recipients who were status eligible for IHSS/PCSP on 8/31/94 and become income-eligible for IHSS 9/1/94 or later due to reasons unrelated to the 2.3% reduction in September 1994

Z = Recipients who became eligible for IHSS 9/1/94 or later.

Field I4, J1,

J2, K1, K2

SOURCE/INCOME/DEDUCT - Optional, Numerical

Length:

1, 7, 7, Format: X, XXXX.XX, XXXX.XX

Description:

Source/income/deduct -

- A. This field is required for automated share of cost computation.
- B. Source of recipient's, spouse's, parent(s) gross income - enter appropriate code.
 - 1 - Retirement, Survivors, Disability Insurance (RSDI) - Recipient
 - 2 - Veteran's administration - Recipient
 - 4 - Railroad retirement - Recipient
 - 5 - Other pension - Recipient
 - 6 - Other unearned - Recipient
 - 7 - Earned - Recipient
 - 8 - Unearned - Spouse/parent
 - 9 - Earned - Spouse/parent
- C. Income - Enter amount of gross income available to the recipient, spouse, parent(s).
- D. Deduct - Enter dollar amount of total income deductions other than the standard income exclusions.
 - 1. Standard income exclusions that are included in the automatic share of cost computation are:
 - \$20.00 Standard exclusion
 - \$65.00 Earned income exclusion
 - One half remainder of income - Earned income exclusion
 - \$229.00 Needs of children/non-linked spouse
 - \$458.00 or \$687.00 Allowance for parent(s)
 - 2. Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field.

NOTE: Refer to Special Instructions: Share of cost computation - SOC 293.

Field I5 COUNTABLE INCOME - Optional - Numerical
 Length: 6
 Description: Countable income - The sum of all net income available to recipient.

- A. For those recipients whose shares of cost are automated, this field will be system generated, the benefit level deducted and the share of cost field system generated.
- B. This field must be entered with the amount that has been manually computed for those recipients whose countable income is not automated to enable the correct share of cost information on an automated Notice of Action.

NOTE: Refer to Special Instructions: Share of cost computation - SOC 293.

Field J3 BENEFIT CODE/LEVEL - Optional - Numerical
 Length: 2, 8, Format: XX, XXXXX.XX
 Description: Benefit Level - The SSI/SSP benefit level used to determine the recipient's share of cost.

- A. For those recipients whose shares of cost are automated, this field must have a two digit benefit code entered.
- B. This includes both recipients who have countable income automatically computed or countable income manually computed.
- C. Enter the appropriate benefit code.

01 - Individual aged or disabled - Own home	\$ 614.40
02 - Individual blind - Own home	669.40
03 - Individual disabled minor - Own home	521.40
04 - Individual aged or disabled - Household of another	473.80

05 - Individual blind - Household of another	539.40
06 - Individual disabled minor - Household of another	372.17
07 - Individual aged or disabled - Independent living without cooking facilities	682.40
08 - Couple aged or disabled - Own home	1,101.71
09 - Couple both blind - own home	1,285.18
10 - Couple blind/aged or disabled - Own home	1,216.73
11 - Couple aged or disabled - Household of another	910.02
12 - Couple both blind-Household of another	1,093.49
13 - Couple blind/aged or disabled - Household of another	1,025.05
14 - Couple aged or disabled - Independent Living without cooking facilities	1,237.71

- D. For a linked couple, both of whom are income eligible IHSS recipients, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever advantages the couple. Enter that sum in I5. Enter the appropriate code below (15 - 21) for the share of cost computation.

If one member of the couple is not income eligible because he/she receives SSI/SSP, is PCSP eligible, or has no need for any services, then use one of the codes above (08 - 14) and the couple's income for the remaining member's share of cost computation.

15 - Couple aged or disabled - Own home, per person	550.86
16 - Couple both blind -Own home, per person	642.59
17 - Couple blind/aged or disabled - Own home, per person	608.37
18 - Couple aged or disabled - Without cooking facilities, per person	618.86
19 - Couple aged or disabled - Household of another, per person	455.01
20 - Couple blind - Household of another, per person	546.75
21 - Couple blind, aged or disabled - Household of another, per person	512.53

NOTE: Refer to Special Instructions: Share of cost computations -
SOC 293

Field K3 SHARE OF COST - System Generated, Numeric
Length: 6
Description: Share of Cost - Monthly amount of money to be paid
 directly by the recipient.

A. For those recipients whose Shares of Cost are
 automated, this field will have an entry.

B. From the entries to Fields I5, COUNTABLE INCOME and
 J3, BENEFIT CODE, this field will be system generated
 and will "plug" the Share of Cost into the
 eligibility segments, Fields M6, N6, and O6., where
 applicable.

Field L1, L2 MODE/RATE/HOURS - Required, Alphanumeric
Length: 2, 4, 4, Format: XX, XX.XX, XXX.X
Description: Delivery Mode/Hourly Rate of Pay/Hours of Service

A. Delivery Mode - Type of service delivery of IHSS.
 Enter the proper code.

 IP - Individual Provider
 CC - County Contract, either private vendor or
 inter-agency agreement
 HM - County Employed Homemaker

B. Hourly Rate of Pay - The hourly rate of pay per
 authorized service hour for the type of delivery
 mode.

 1. For individual providers if this amount is not
 entered, the system will default to the lowest
 county base rate.

 2. For contract or county homemaker providers, if
 this amount is not entered, the county base rate
 will be plugged.

C. Hours of Service by Delivery Mode - The hours of
 authorized service will be system generated unless
 there is a mixed mode service delivery.

 1. If there are two "IP" modes with different
 hourly rates, (and neither IP mode is at the
 county base rate), enter IP twice, hourly rate
 for each and hours of authorized service for one
 of them. The balance of the hours will be
 system generated.

SPOUSE

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.

SUC 294A (3 86)

NAME						CASE NUMBER	MONTH
PARENT						RECIPIENT	
A. Income deemed to a blind or disabled child living at home who is under 18.						B. IHSS share of cost computation for blind or disabled child who is under 18.	
<input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled.						Unearned	Earned
1. Gross income						\$	\$
2. Allowance for children not blind or disabled							
a. Children's needs	229	229	229				
b. Children's income	\$	\$	\$				
c. Net needs (a minus b)	\$	\$	\$				
d. Total allowance (add A2c's)						\$	
3. Remaining unearned income (A1 minus A2d)						\$	
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)							\$
5. Remaining earned income (A1 minus A4)							\$
6. Any income exclusion						\$ 20	
7. Net unearned income (A3 minus A6)						\$	
8. Unused \$20 exclusion (If A6 is greater than A3, enter the difference)							\$
9. Earned income exclusion							\$ 65
10. Total exclusions (A8 plus A9)							\$
11. Earned income (A5 minus A10)							\$
12. Net earned income (A11 x 1/2)							\$
13. Total income (A7 plus A12)						\$	
14. Allowance for parent and spouse (1) \$458 (2) \$687						\$	
15. Income deemed to child (A13 minus A14)						\$	
<input type="checkbox"/> Income parent(s) where one or both are aged, blind or disabled.							
16. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)						\$	
1. Income deemed to child (from A15 or A16)**						\$	
2. Unearned income (list) (Do not show exempt income)							
a.						\$	
b.						\$	
c.						\$	
3. Total unearned income (B1 plus B2)						\$	
4. Any income exclusion						\$ 20	
5. Net unearned income (B3 minus B4)						\$	
6. Earned income (Do not show exempt income)							\$
7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)							\$
8. Earned income exclusion							\$ 65
9. Total exclusions (B7 plus B8)							\$
10. Remaining earned income (B6 minus B9)							\$
11. Net earned income (B10 x 1/2)							\$
12. Other earned income deductions							\$
13. Total net earned income (B11 minus B12)							\$
14. Total countable income (B5 plus B13)						\$	
15. SSI/SSP payment level						\$	
16. IHSS share of cost (B14 minus B15)						\$	
** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.							